

Protect Yourself

Use the form to "Ask First!"

See the back for the "Ask First!" form - Keep the form handy

The reason for "Ask First!"

Many planning advisors are well-qualified and capable, and make fair disclosure to their clients.

Unfortunately, unqualified or dishonest individuals also pretend to be expert planning advisors; and many of them provide sub-standard services or have hidden financial motives in providing their "planning services."

Why use "Ask First!"?

- ✓ You are entitled to the information which the form requests.
- ✓ You can find out in advance if the person offering planning services to you has legitimate professional credentials.
- ✓ You can find out in advance if the person has hidden financial motives.
- ✓ You can use the completed form as evidence, if the person's answers are false.

When to use "Ask First!"

- ✓ Have the person offering planning services complete and return the form to you, before you do any other business.
- ✓ At the same time, ask for and check the person's references.

How to use "Ask First!"

- ✓ If the person is reluctant to complete the form, take this as a warning.
- ✓ Review the person's answers and look for missing or inconsistent information.
- ✓ Check out the person's licenses and other credentials, and past complaints and sanctions.
- ✓ If the person doesn't answer all the questions, or if the answers make you uncomfortable, or if the answers do not "check out," do not do business with the person. Look for another planner!

Feel free to make copies of the form for your personal use.

For more information, contact:

To check on attorney licenses, call the State Bar at (517) 372-9030.

To check on insurance licenses, call the Insurance Bureau at (517) 373-0234.

To check on other licenses, call Consumer & Industry Services at (900) 555-0031.

For general questions, call the Legal Hotline for Older Michiganians at (800) 347-5297.

"Ask First!"

This form is to be filled out by any person who is offering legal, financial, retirement, insurance, accounting, estate, long-term care or similar planning services. Respond to ALL categories completely; sign and date at the bottom of the page.

1. MY EDUCATION - I have achieved the following level of education (check HIGHEST level achieved):

<input type="checkbox"/> Some high School	<input type="checkbox"/> Some College
<input type="checkbox"/> GED	<input type="checkbox"/> Bachelors Degree
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Masters or Other Advanced Degree

2. MY CREDENTIAL(S)- I have the following specialized credential(s) and training (examples: CFP, ChFC, CLU, CPA, JD, MBA, years of relevant experience):

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3. MY RELEVANT LICENSE(S)- I have the following license(s) giving me the legal authority to provide the services I am offering to you (examples: bar license (attorney); securities license; insurance license):

License Type	Covers What Activities	Issued By	License No.

4. LEGAL SERVICES- (Check ONE):

- ☐ I DO NOT practice law, and the services I am offering to you do not involve practicing law.
- ☐ I DO practice law, and have an active license to practice in Michigan.
- ☐ I DO practice law, but DO NOT have an active license to practice law in Michigan. I am, however, under the supervision of the following attorney who has an active license to practice law in Michigan.

Name of Attorney:	Telephone:
Address:	

5. MY COMPENSATION- I will be paid in the following way (commission, fee, salary, etc.), by the named person or company, in connection with the services I am offering to you:

Way(s) I'll Be Paid	Payment Will be Made By (name each person or company)

6. FINANCIAL PRODUCTS / AFFILIATED ORGANIZATIONS - Circle TRUE or FALSE:

True / False: I offer or sell annuities, insurance, mutual funds or other financial products; or I am, or my employer is, affiliated with a person or organization that offers to sell annuities, insurance, mutual funds or other financial products.

7. I certify under penalty of perjury that the responses herein are true to the best of my knowledge.

Date:	Business Name:
Signature:	Address:
Print Name:	Telephone: